

Please type a plus sign (+) inside this box → ☐PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0034
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/ 843,630
Filing Date	April 27, 2001
First Named Inventor	Kazuo Nishiyama
Group Art Unit	2827
Examiner Name	James M. Mitchell
Attorney Docket Number	075834.00074

Total Number of Pages in This Submission 6

ENCLOSURES (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance Communication
to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a
Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input checked="" type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence
Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please
identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Post Card |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | Limited Power of Attorney to Take
Action on Behalf of Sony
Corporation |
| <input type="checkbox"/> Certified Copy of Priority
Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/
Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | | |

Remarks

The Commissioner is hereby authorized to charge any fees due or to credit
any overpayment to Deposit Account No. 50-1794.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Robert J. Depke, Holland & Knight LLP 55 West Monroe Street, Suite 800, Chicago, IL 60603
Signature	
Date	June 24, 2002

CERTIFICATE OF MAILINGI hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class
mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: June 24, 2002

Typed or printed name	Robert J. Depke (37,607)	Date	June 24, 2002
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments
on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington,
DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.